



JANE PRE & PRIMARY SCHOOL , NELSPRUIT

Physical Address:

No 4 Hermansburg Road, Magiesdal, Nelspruit 1200 RSA.

WhatsApp: 060 997 2005 Landline: 013 110 5769

Email : admin@janepprimary.co.za

Website : www.janepprimary.co.za

APPLICATION FOR ADMISSION

Grade:

Year:

DOCUMENTS / INFORMATION REQUIRED

Copy of birth certificate/ID document

Copy of study permit/asylum permit/refugee permit (if foreign)

Copy of learner's latest progress report

Copy of learner's final progress report (once available)

Transfer document (once available)

Copy of learner's vaccination record (Pre-primary and foundation phase learners)

Copy of parent's/ legal guardian's ID document

Learner Admissions Contract (LAC) Compulsory

Completed and signed school fee clearance certificate from previous school

1X months proof of household income/salary advice

3X months bank statements

Proof residence

Copy of medical aid card (front and back)

Two recent colour photos of the learner (ID size)
(Please do not email these but submit at the school)

Completed debit order form (Compulsory)

Proof of registration fee payment (**non-refundable**)

A.) LEARNER'S DETAIL

Admin number (office use)

Surname

First names

(in full)

Name to be called

ID/Passport No.

Student cell No.

Gender

Male

Female

Grade and class (applied for)

Home language

Religion

Country of birth (if not SA)

Ethnic group

☐ Black

☐ Indian

☐ White

☐ Coloured

☐ Asian

Signature - Father

Signature - Mother

Means of transport to/from school: Motor vehicle

Bus

Taxi

Bicycle

Walk

B.) LEARNER'S EDUCATIONAL DETAIL

Current school:

Previous school:

Telephone no: (current school)

Telephone no: (previous school)

Last grade passed:

Year:

Grade/s repeated: (if any)

Has admission to any other school/s ever been refused? If yes, please state reason.

Have you as parent/guardian been called to school for discipline issues? If yes, please state reason

C.) FAMILY DETAIL

Surname

First names

Postal address

Postal code

Employer

Occupation

Public or Private sector

Work address

Suburb & City

Postal code

Surname

First names

Postal address

Postal code

Employer

Occupation

Public or Private sector

Work address

Suburb & City

Postal code

Title

Initial

ID/Passport number

Home address

Suburb & City

Postal code

Phone: Home

Work

Cell

Email address

Relation to learner

Title

Initial

ID/Passport number

Home address

Suburb & City

Postal code

Phone: Home

Work

Cell

Email address

Relation to learner

Initials:

D.) PERSON RESPONSIBLE FOR ACCOUNT

Please note that parents will be held jointly and severally liable for the account, even if the account is paid by a third party / bursar.

Surname	_____	ID/Passport number	_____
First names	_____	Title	Initials
Postal address	_____	Home address	_____
	_____		_____
Work address	_____	Suburb & City	Postal code
	_____	Phone: Home	_____
Suburb & City	_____	Work	_____
Public or Private Sector	_____	Cell	_____
		Email address	_____

E.) LEARNER MEDICAL INFORMATION

Medical aid	_____
Medical aid number	_____
Main member name	_____
Main member ID no.	_____
Main member postal address	_____
	Postal code
Main member email address	_____
Main member cell number	_____
	Main member work number _____

Signature: _____
Main Member of Medical Aid

Date: _____

HAS THE LEARNER EVER HAD ANY OF THE FOLLOWING DISEASES?

German measles	☐	Mumps	☐
Measles	☐	Diphtheria	☐
Chicken pox	☐	COVID -19	☐

HAS THE LEARNER EVER BEEN TREATED FOR THE FOLLOWING?

TB	☐	Ulcer	☐
Asthma	☐	Migraine	☐
Diabetes	☐	Tonsils	☐
Epilepsy	☐	Heart disease	☐

IS THE LEARNER ON ANY CHRONIC MEDICATION? PLEASE SPECIFY.

DOES THE LEARNER HAVE ANY ALLERGIES? PLEASE SPECIFY.

HAS THE LEARNER EVER HAD ANY OPERATIONS? PLEASE SPECIFY.

PLEASE SUBMIT A COPY OF YOUR MEDICAL AID CARD (FRONT AND BACK)

F.) DETAILS OF ANY OTHER CONTACT IN THE CASE OF AN EMERGENCY (OTHER THAN IN SECTION C AND

Surname	_____	Full names	_____
Relation to learner	_____		
Tel (h)	_____	Tel (w)	_____
		Cell	_____
Email address (please write legibly)	_____		

Initials:

G.) BROTHERS AND SISTERS

Name	Date of Birth	Age	Grade	Name of current School or Institution
1				
2				
3				

H.) MARITAL STATUS OF PARENTS

Married ☐ Divorced ☐ Married but live apart ☐ If Divorced - Children in custody of
Widow ☐ Widower ☐ Single ☐ Mother ☐ Father ☐ or Both ☐

I.) Declaration and Undertaking**Declaration and Undertaking**

I confirm that the information provided is true and correct. I undertake to comply with the school's rules, regulations, and policies, and accept them as binding on both me and the learner.

School Fees Acknowledgement

I accept full responsibility for the school fees as published and agree to pay them by the due dates. I understand that failure to do so may lead to additional costs, legal action, and restricted access to school services.

I am aware that interest may be charged on overdue accounts, and that fees may be paid annually, monthly, or quarterly. If I fall behind, the full annual amount becomes payable. All outstanding fees must be settled before re-registration. The school may also request January fees upfront to reserve a place, and registration fees are non-refundable.

I acknowledge that the school may decline registration based on affordability, academic or disciplinary reasons, or incomplete applications.

Photos Consent

I give permission for my child to be photographed during school activities and for these images to be used on the school's website, social media, and other platforms.

Indemnity

I give permission for my child to attend school-approved outings using arranged transport. I will cover the cost and will not hold the school liable for injury, loss, or damage during such trips. I understand this serves as ongoing consent for all school excursions.

Jane Pre & Primary School

I commit to upholding the values of Jane Pre & Primary School, supporting my child's education by attending meetings and responding promptly to school communication. I will also keep my contact details up to date.

Termination

Should a learner be withdrawn or expelled from Jane Pre & Primary School for whatever reason, parents will be required to pay school fees for a full quarter. A full quarter's notice for withdrawal of a learner is necessary.

Payment Refunds

10 % will be deducted on all refunds due, irrespective of the reason, to cover bank charges and administrative costs.

The Protection of Personal Information Act (POPIA)

I consent to Jane Pre & Primary School processing my and my child's personal information for admission and verification purposes. The school may contact current/previous schools and verify details, including credit checks. All personal information will be handled in accordance with POPIA, kept confidential, and not shared or sold. If the application is unsuccessful or withdrawn, all information will be securely destroyed.

Jane Pre & Primary hereby undertakes to offer quality teaching and related services of a high standard to the best of our ability

Thus, signed on this _____ day of _____ 20__

Father / Mother

Legal Guardian

Account holder

School Principal

J.) MARKETING SOURCE

Please indicate where you heard about our school

Facebook ☐

Open Days ☐

Google ☐

Flyers ☐

School Signage ☐

Street Pole ads ☐

OFFICE USE

ACCEPTED ☐

REJECTED ☐

AUTHORISED BY

Signature

Date notified

Receipt Number

AMOUNT PAID

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